

**Developmental Disabilities Council  
Adult Issues Committee  
Friday, January 19, 2018  
9:30 AM to 12:00 PM  
DDDS Fox Run, 2nd floor training room  
2540 Wrangle Hill Road, Bear, DE**

**Members present:** Terri Hancharick, Committee Chair, Parent Advocate; Karen Gallagher, Committee Vice-Chair, Self-Advocate; Bernadette DeAngelis, Advocate; Andrew Braune, Danio Diary; Laura Strmel, St. John's Community Services (SJCS); Carol Barnett, Division of Services for Aging Adults and Physical Disabilities (DSAAPD); HarrietAnn Litwin, Division of Vocational Rehabilitation (DVR); Vivian Turner, CERTS

**Members absent:** Alvin Emory, Self-Advocate, Council Vice-Chair

**Guests Present:** Sandra Miller, Division of Vocational Rehabilitation (DVR); Blair Hains, The Marketing Department

**Staff Present:** Kristin Harvey, Social Services Administrator, Delaware Developmental Disabilities Council (DDC); Pat Maichle, Executive Director, DDC

- I. **Call to Order-** A quorum being present, Committee Chair Terri Hancharick called the meeting to order at 9:31 AM
- II. **Approval of Minutes-** The committee voted unanimously to approve the November, 2017 minutes as written.
- III. **Approval of Agenda-** The committee voted unanimously to approve the January 19, 2018 agenda as written.
- IV. **Chair's Report-** Terri reminded everyone that the LIFE Conference is next week, but said that she would not be giving a report to allow the speakers the maximum amount of time to speak.
- V. **Staff Report-** Kristin Harvey declined to give a report, to allow the guest speakers more time.

VI.

A. **Discussion with Sandi Miller of the Division of Vocational Rehabilitation (DVR)-**

The Adult Issues Committee requested that Sandra Miller of the Division of Vocational Rehabilitation (DVR) attend their January meeting to discuss 511 and how DVR and the Delaware Developmental Disabilities Council (DDC) could potentially work together to address the following objective in the DDC's 2017-2021 State Plan:

*"Develop and/or approve and implement one education and resource program over the course of the first year of the Five (5) Year State Plan for individuals currently receiving core services in segregated settings. The program will help to identify individuals' interests and match those interests with employment opportunities, financial literacy training and programs that promote healthy lifestyle choices. Twenty (20) individuals currently receiving core services in segregated settings will be reached during years two (2) through five (5) of the Five (5) Year State Plan through the presentation of this curriculum."*

Sandra provided an overview of 511. She stated that essentially, 511 helps people with disabilities who are currently receiving sub-minimum wage to receive employment services that help them to gain competitive employment at a fair wage. It also covers young adults with disabilities who are about to enter the workforce and who may have never worked for sub-minimum wage. Sandra said that there are two different classifications under 511. The first group consists of individuals age 25 and older who are required to receive counseling and career services to help them identify their interests and match those interests with a career. The second group is comprised of individuals under the age of 25. Terri Hancharick asked Sandra if this service is provided even if an individual over the age of 25 has always worked for sub-minimum wage. Sandra stated that yes, DVR will work with individuals who meet this criteria, even if they are older than age 25.

### **Over Age 25:**

Sandra explained that as of July 22, 2016, once an individual with a disability over the age of 25 who is receiving sub-minimum wage or requesting to work for sub-minimum wage is identified by DVR, that person should receive counseling within 6 months of that identification, then once a year thereafter. Sandra shared that currently, there are 440 people with disabilities in Delaware who are working for sub-minimum wage. DVR has provided services to approximately 400 of these individuals. Out of the 400 people contacted and interviewed, 293 stated that they wished to pursue competitive employment.

Sandra explained that DVR worked with Sue Brewster, who has also worked with the Career and Life Studies Certificate (CLSC) program at the University of Delaware. Sue assisted DVR with outreach to sheltered workshops that typically pay their employees sub-minimum wage. Sue helped to explain to the staff in these settings that after July 22, 2016, sheltered workshops were no longer permitted to pay their employees sub-minimum wage until DVR provided counseling and services offering information about competitive employment. Sandra noted that DVR had mostly positive interactions with the sheltered workshop representatives. Some workshop staff were concerned that the individuals with disabilities who were contacted by DVR would "say yes to whatever was offered". DVR felt that some families did not understand what was being offered, so they circled back to those families to provide additional information and resources. Sandra said that this process is constantly evolving. She said that Sue is working to connect interested people with services at the Division of Developmental Disabilities Services (DDDS) as well. Sandra said that the law says DVR must monitor sheltered workshops to be sure that they are not benefitting from a personal interest.

### **Under Age 25:**

Sandra stated that per the law, no individual age 24 and younger can go directly into sub-minimum wage work after graduation from high school without meeting certain criteria. Instead, individuals in this group must receive transition services, to include career counseling and support services. DVR must create an Individualized Plan for Employment. Individuals with disabilities must be given an opportunity to work for a competitive wage for a reasonable amount of time (defined as 24 months). Sandra noted that this time frame has recently increased- it was formerly 18 months.

Sandra said that supported employment done correctly is a lengthy, worthwhile process which may take more than 24 months. This is why early introduction to this process in school is important. Laura Strmel stated that more individuals with disabilities need to be made aware that can split their services, e.g. an individual could choose to work at a sheltered workshop for

a portion of their day, then go do volunteer work or participate in competitive employment for the remainder of the day. The committee and Sandra discussed the need for a change in philosophy. People with disabilities can and should work or volunteer in a job or position that pays them fairly and that they find rewarding.

**Related to Obj. EEI 2- How can we (DVR and DDC) work together?:**

Sandra discussed how disability advocacy groups can work together to get more information to young adults with disabilities and their families at the earliest opportunity. Laura suggested that DVR and DDC explore conducting some Guided Group Discovery sessions with individuals with disabilities. Laura said that the process typically takes four to six sessions. Guided Group Discovery is about helping people to identify resources that are within their reach and in their community. This would perhaps help with the interest identification piece of the objective, since the scope of Guided Group Discovery can be customized.

The committee then discussed whether to change the wording in the objective to encompass individuals with disabilities who are under the age of 24. The committee also discussed the fact that the objective addresses financial literacy, lifestyle changes, etc. Some committee members felt that the scope of the objective was too broad to be effectively addressed by only one project. Pat Maichle stated that the objective was developed per the wishes of the Council, and therefore the committee should think carefully before requesting to change the wording of the objective. Pat suggested doing a pilot program with middle school students with disabilities. Kristin Harvey stated that if the committee feels strongly about it, the wording of the objective could be changed. She noted that this would require public notice and a public comment period to make this change before the next State Plan Update is due on August 15, 2018.

**Next steps:**

- Invite members of the DDC Children and Families committee to the February 16, 2018 Adult Issues Committee meeting to discuss their similar objectives
- 20 students each year- find a pilot school to do a test
- March-invite Junior Achievement, Andrew Braune will follow up
- Next meeting- February 16, 2018, ask Dale Matusevich, Children and Families committee members, Marissa Catalon, and Sandra Miller to attend this meeting (Sandra Miller will reach out to Dale and Marissa).

**B. Health Care Systems in the U.S. vs. Canada- what are the key differences?**

Before beginning the Canadian Health Care conversation, Blair Hains provided an update on the DDC's Down syndrome/Alzheimer's public awareness campaign project. Blair shared that he has the Community Conversations website up and running and that the website features an area for individuals to submit comments/ questions. Questions submitted by website users will be sent to Blair, and he will then send to Kristin Harvey. Blair has the recording schedule set for interviewees for the video clips. He stated that scheduling interviews with doctors has been a bit of a challenge, since most hospitals have limitations regarding what can be filmed at their facility. Pat pointed out that the list of interviewees needs to represent a broader range of demographic backgrounds. The Committee agreed. Blair stated that he would work with DDC staff to identify more interviewees.

Blair began his presentation on the parallels between the U.S. and Canadian health care systems by saying that he will attempt to draw comparisons to our U.S. population. Canada has provided provincial health care since 1962. This practice started in Saskatchewan, by 1968, it had spread across the country. This is quite a rapid turnaround for an entire country to implement a new health care system.

Blair shared that there is no single Canadian health care system. There are at least 18 different systems in Canada. Ten provinces and three territories exist in Canada. There are also separate health care systems for veterans, inmates, and native populations. The Canadian Health Act of 1984 established guidelines that all of the separate systems must follow. The guidelines include requirements about public administration, comprehensiveness, universality, portability, accessibility, etc. Blair stated that Canadian health care cards say “resident”, not citizen. Canadian “residents” must wait for their insurance to become active after becoming a resident of Canada. Blair said this process usually takes about 3 months.

As with the U.S. health care system, in Canada, there is lots of room to interpret “reasonable” and “necessary” as defined by the insurance provider. Funding co-pays differ widely between provinces. All physician services are delivered without co-payment. There is also no charge for a visit to the emergency department. Most prescription meds are covered, provided that you are under the age of 25 or over the age of 65. Only certain medications are approved, and the selection is smaller than we have here in the US. Some physiotherapy services and routine eye care are covered, but only for those under age 18. Physiotherapy services for someone with Cerebral Palsy (CP) over the age of 18, for example, would not be covered. However, residents can still purchase private health insurance and employer covered health insurance in addition to what the government provides.

Things which are not included in Canadian government health care include- routine dental care, prescription medications (outpatient, 25-64 years of age), some outpatient physiotherapy and other provider services (e.g.- chiropractor not likely to be covered), eye care for those over 18, and out of country services.

The committee expressed curiosity regarding how durable medical equipment (DME) such as a walker or power wheelchair is covered in Canada. Blair said that the government health care system’s decision whether or not to cover a specific type of DME depends on the situation. For instance, he said a walker for someone who just had a stroke would not be covered. A power wheelchair is not likely to be covered, and definitely not a customized power chair. The committee asked if Canadian residents can take out extra insurance if they are not employed. Blair stated that individuals could do so for the “not included” stuff.

Blair said that the Canadian health care is widely perceived by non-Canadian residents as being “free”, but noted that there are many ways that the government offsets the cost of health care. For instance, Canadian hospitals charge for hospital parking (\$50/week), patients have to rent cable and internet services in their hospital room, (\$70/day). Each province determines what’s medically necessary and reasonable within their province. The committee asked if long term home care for individuals with disabilities is covered. Blair said that the philosophy surrounding home care has changed in Canada in the past decade. Generally, yes, long term home care is covered, but individuals must be evaluated to determine what the government health insurance provider thinks this service is necessary.

To continue the conversation regarding how the Canadian government offsets health care costs, Blair asked the committee to consider the following: in Canada gas costs \$3.65/gallon; beer costs \$35 for 24 bottles, the Canadian sales tax is 13% and leveled on everything except essentials (e.g. food at the grocery store). Income taxes are also much higher. Employers have less cost burden, since they do not have to offer extensive health insurance coverage. Salaries are generally lower in Canada.

To wrap up, Blair noted that Canada has a lower infant mortality ranking than the U.S. Individuals in the U.S. have a shorter life expectancy than residents of Canada. The U.S. spends twice as much money on healthcare as Canada. Wait times for common surgeries in Canada range from 65 to 291 days. Specialist appointments are all set up through the individual's general practitioner. In terms of coverage for people with disabilities, Blair opined that the U.S. is actually better. The main reason for this conclusion is the many strings attached to what is deemed "reasonable" or "necessary".

### **C. Healthy Sexuality Project Update and Question-**

Project Coordinator Cory Nourie asked if the project scope could be changed to add people with disabilities over the age of 22. All committee members agreed to this change, pending Pat's review and approval of moving existing contract funds between budget lines.

### **New Business:**

There being no new business, the meeting was adjourned at 11:43 AM.